



National Voter Registration Act of 1993 and NY State of Health

Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 28872327

TODAY'S WEBINAR



- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

Essential Plan (2) & Renewals

Here's what you said:

- More than 97% said it “increased my knowledge of the topic(s)”.
- More than 97% said “the information will allow me to better assist consumers who may become eligible for the Essential Plan”.
- More than 97% said “the information will allow me to better assist consumers at renewal.

“Another great webinar. Keep it rolling.”

“This helped me to understand the new Essential Plan options, especially the dental and vision offerings. Now I can share the good news with my community”

“Still wondering what plans will be available under Essential Plan.”

PRESENTERS



Welcome

Gabrielle Armenia

*Bureau Director of Child Health Plus Policy &
Exchange Consumer Assistance*

Today's Presenters

Scarlett Camargo

Excelsior Legal Fellow, NY State of Health

Lisa Sbrana

Director, Office of Marketplace Counsel

Niyati Shah

Election Counsel, Project Vote

Presenters



- Welcome
- Today's Presenter
 - Niyati Shah is an attorney with Project Vote. Project Vote is a national nonpartisan organization. As an attorney with Project Vote, Ms. Shah primarily advocates and litigates for compliance with the National Voter Registration Act.



Today's training will include:

- An overview of the National Voter Registration Act by expert Niyati Shah from Project Vote;
- A walk-through of the new question that is currently included in the application;
- The process the Marketplace will use for voter registration; and
- Your role as assistors.

Agenda

- Introduction
- NVRA purpose and requirements
 - Why is voter registration required?
 - Why is voter registration during Open Enrollment important?
 - What does the National Voter Registration Act require?
 - What is non-partisan voter registration?
 - Important additional considerations
- Walk-through of the new voter registration question on the application
- The process the Marketplace will use for voter registration and your role as assistants

This is **NOT** Legal Advice



Why are we talking about Voter Registration as part of a NY State of Health Training?

- A. I don't know! That's what *I'm* wondering too.
- B. Because voter registration is required by law.
- C. Because voter registration is empowering and builds stronger communities.
- D. Both B & C.
- E. None of the above.

Why is Voter Registration Required?

Introduction

What does voter registration have to do with the NY State of Health?

The National Voter Registration Act (NVRA) of 1993 expands voter registration access by requiring that State offices providing public assistance be designated as voter registration agencies and offer individuals the opportunity to register to vote.

The Marketplace offers a single, streamlined application process for programs such as Medicaid and Child Health Plus (CHP) and offers Advance Premium Tax Credit (APTC) to those eligible, as such, the Marketplace is considered a voter registration agency and must provide voter registration services under the NVRA.

NVRA

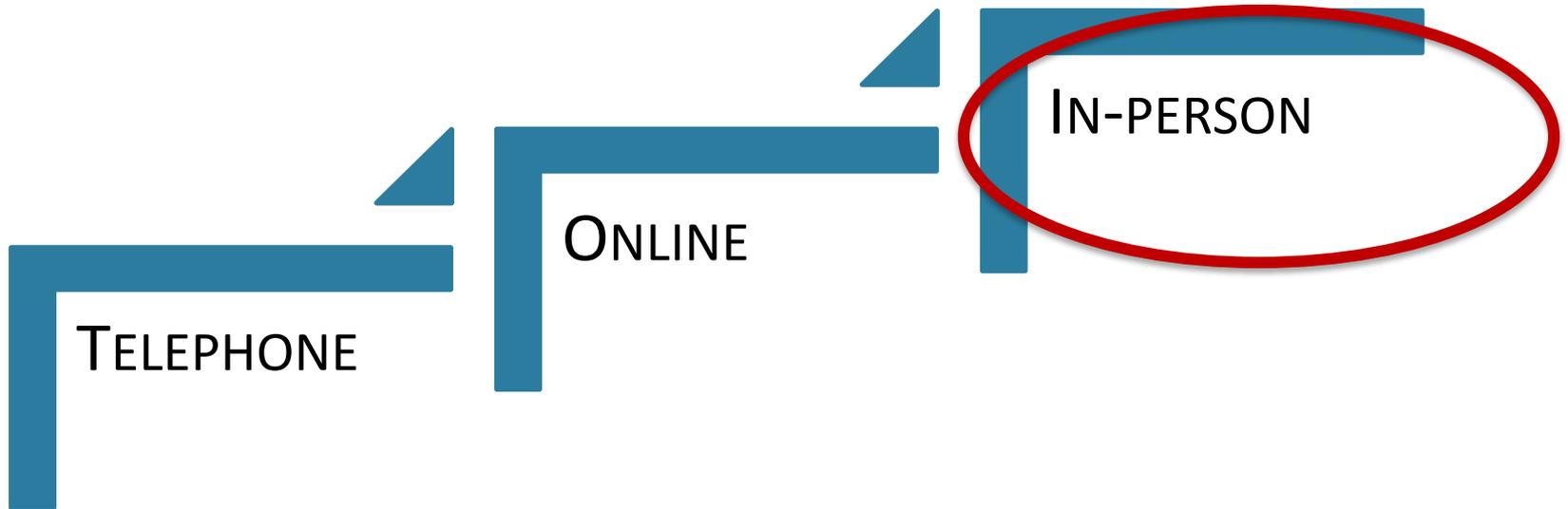


Congress passed the National Voter Registration Act (NVRA) in 1993 to increase the number of citizens registered to vote in federal elections.

The NVRA also requires that states offer voter registration opportunities to consumers of public assistance programs like SNAP, TANF, WIC and Medicaid.

The NVRA requires that all Marketplaces offer specific services related to voter registration each time a consumer applies for health benefits, renews or recertifies, or reports a change of address through the Marketplace.

Different Types of Applications



Today, we will be focused on assistor-based applications, however the information that you will be learning will be information used for customer service, online and paper-based applications.

As an Assistor, your role is to help consumers In-Person.

Why is Voter Registration during Open Enrollment Important?

Through voter registration, you can...

**Make Voting More Accessible to
Individuals with Low Incomes**

Build Stronger Communities

**Empower and Improve the Health
of Your Consumers**

THE NATIONAL VOTER REGISTRATION ACT

1995-2014

Registration at Public Assistance
Agencies

13,739,676

What is the Marketplace required to do as a Voter Registration Agency?

The Marketplace is required to provide voter registration services at:

- ✓ application;
- ✓ annual renewal; or
- ✓ change of address.

Voter Registration Services include:

- Providing an applicant with the required voter registration question and disclosures;
 - It is your role as an Assistor to read the voter registration question and the disclosures in its entirety to the consumer

- Providing an applicant with a voter registration form;
 - **Role of the Marketplace**

- Assisting an applicant in the completion of the voter registration form;
 - **Role of Customer Service Representatives**

- Collecting and transmitting completed voter registration forms.
 - **Role of the Marketplace**

Voter registration question and mandated disclosures:

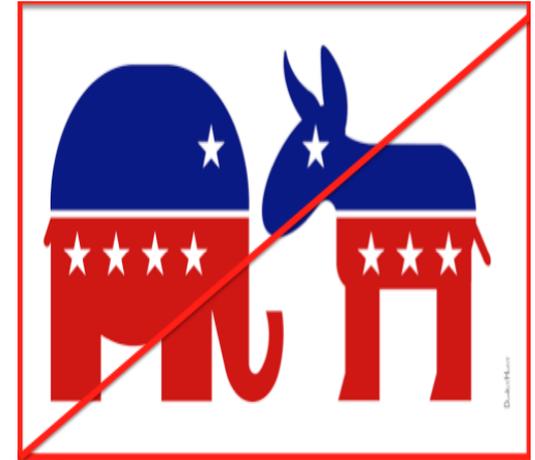
The required voter registration question is: “If you are not registered to vote where you live now, would you like to apply to register to vote here today?”

The required disclosures statements are:

- “Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.”
- “If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.”
- “If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with . . .”

Non-Partisan Voter Registration

- **Non-partisan** means you will not in any way advocate, encourage, suggest, or imply the preference of one political candidate or party over another. This also means you will assist anyone to register to vote, no matter his or her political preferences or party.
- You **cannot**:
 - Advise a consumer about which party to join.
 - Make positive or negative comments about political parties or politicians.
 - Wear clothing or put up posters or stickers in your office promoting politicians or political parties.
- You **CAN**:
 - Discuss the importance of voting.



Why is this important?

- Acting in a partisan way may discourage citizens from registering to vote, which is detrimental to our democracy and communities. Moreover, it is important that while you offer assistance with enrollment in vital services, such as health benefits, you are non-partisan so as to not discourage people from enrollment.
- Finally, if you are providing enrollment assistance at a non-profit, your organization is probably a 501(c)(3) organization and you should be non-partisan in all of your work. If an organization or the employees of a 501(c)(3) organization engage in partisan activity, the organization can lose its funding and 501(c)(3) tax-exempt status, which can greatly hinder its ability to function.

Important Additional Considerations

- Voter registration will **not** affect the consumer's enrollment.
 - When you ask consumers about voter registration, it is important that they know the decision to register to vote is voluntary and their decision about voter registration, including their political party, will not affect their enrollment or eligibility to receive other services.

- Whether an individual decides to register to vote through the Marketplace will remain private.
 - If a consumer is concerned about privacy, you can let them know that their decision to register to vote or not will be kept private and the fact that they registered to vote through and have had a transaction with the Marketplace will also be kept private. Additionally, the Marketplace will not keep any information such as what political party, if any, the person is affiliated with.

- You cannot offer any incentive to have someone register to vote.
- The Marketplace will **not** determine who is eligible to vote. You should ask everyone if they are interested in registering.

Questions?



Online Application Walkthrough

When assisting a consumer in completing an application or renewal through the Marketplace, the consumer (new applicant or existing account holder) will be presented with a voter registration opportunity.

Give the consumer a heads up that voter registration is part of the application. If you give a short introduction to the application process at the beginning of each session, consider adding voter registration into the description of what you will be discussing during the session.

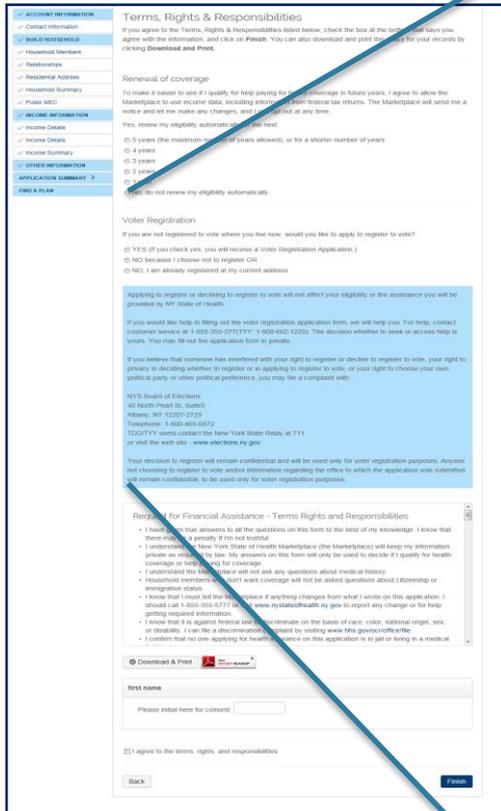
For example, you could say:

First, we're going to fill out your application, then we'll be choosing a plan. We'll also be talking about voter registration, which is one of the services we offer as part of your enrollment application. I will explain how you can register to vote if you want to do so.

Voter Registration Question

- The system will display the voter registration question to the consumer:
 - ***If you are not registered to vote where you live now, would you like to apply to register to vote?***
 - YES (If you check yes, you will receive a Voter Registration application)
 - NO, because I choose not to register OR
 - NO, I am already registered at my current address
- The voter registration question is mandatory and the consumer is required to select one of three options.
- The voter registration question is user attested and the option chosen will be saved in the database.

Voter Registration Question



ACCOUNT INFORMATION

- Contact Information
- DOB & HOUSEHOLD**
 - Household Members
 - Relationship
- Residential Address
- Residential Summary
- PUBLIC MEC

INCOME INFORMATION

- Income Details
- Income Detail
- Income Summary

OTHER INFORMATION

APPLICATION SUMMARY

FINISH PLAN

Terms, Rights & Responsibilities

If you agree to the Terms, Rights, & Responsibilities about below, check this box at the bottom of this page. You agree with the information, and I ask to Finish. You can also download and print a PDF of your records by clicking **Download and Print**.

Renewal of coverage

To make it easier to use if I qualify for new pricing for my coverage in future years, I agree to allow the Marketplace to use income data, including information from federal tax returns. The Marketplace will send me a notice and let me make any changes, and I agree to do so at any time.

Yes, renew my eligibility automatically for the best:

- 5 years (the maximum number of years allowed), or for a shorter number of years.
- 4 years
- 3 years
- 2 years
- 1 year

I do not renew my eligibility automatically.

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote?

- YES (If you check yes, you will receive a Voter Registration Application.)
- NO because I choose not to register OR
- NO, I am already registered at my current address

Applying to register or declining to register to vote will not affect your eligibility or the assistance you will be provided by NY State of Health.

If you would like help in filling out the voter registration application form, we will help you. For help, contact customer service at 1-855-355-5777(TTY: 1-800-662-1220). The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
 40 North Pearl St, Suite 5
 Albany, NY 12207-2729
 Telephone: 1-800-469-6872
 TDD/TTY users contact the New York State Relay at 711 or visit the web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Request for Financial Assistance - Terms Rights and Responsibilities

- I have given true answers to all the questions on this form to the best of my knowledge. I know that there may be a penalty if I'm not truthful.
- I understand that the New York State of Health Marketplace (the Marketplace) will keep my information private as required by law. My answers on this form will only be used to decide if I qualify for health coverage or help with my cost for coverage.
- I understand the Marketplace will not ask any questions about medical history.
- Household members who don't want coverage will not be asked questions about citizenship or immigration status.
- I know that I must tell the Marketplace if anything changes from what I wrote on this application. I should call 1-855-355-5777 or visit www.nystateofhealth.ny.gov to report any change or for help getting required information.
- I know that if it is against federal law to discriminate on the basis of race, color, national origin, sex, or disability, I can file a discrimination complaint by visiting www.governor.ny.gov
- I confirm that no one applying for health assistance on this application is in jail or living in a medical facility.

Download & Print 

First name

Please enter your first name

I agree to the terms, rights, and responsibilities

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote?

- YES (If you check yes, you will receive a Voter Registration application.)
- NO because I choose not to register OR
- NO, I am already registered at my current address

Applying to register or declining to register to vote will not affect your eligibility or the assistance you will be provided by NY State of Health.

If you would like help in filling out the voter registration application form or to request a paper voter registration application form, we will help you. For help, contact customer service at 1-855-355-5777(TTY: 1-800-662-1220). The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

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Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

New Account

The voter registration question appears for all new applicants (full pay or subsidized applications) during Open Enrollment and special enrollment periods.

- The Marketplace does not determine who is eligible to vote.
- At the end of the eligibility determination, if the selection was 'yes', the voter registration form will be sent to the account holder with the notice.

Renewal

- During annual renewal, for all Marketplace account holders, the voter registration form will be sent automatically with the renewal notice.

Change of Address

A voter registration form will automatically be sent if the account holder updates their residential address.

➤ This is part of a life status change.

Provide a voter registration application form.

The NY State of Health online application portal offers an opportunity for applicants to request that a voter registration application form be sent to them.

- If the consumer requests communication by regular mail, the voter registration form will be mailed to the consumer inserted with the eligibility or renewal notices.
- If the consumer requests communication by email, the system will send a link to the DMV voter registration page and include the NYS Agency-Based Voter Registration Form with the electronic notices.

The notice includes the NY State of Health contact information of where applicants can get assistance completing the form, and the electronic notice provides an option for an applicant to request a paper voter registration application form.

NYS Agency-Based Voter Registration Form

NYS Agency-Based Voter Registration Form

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি সম্পর্কে যেতে চান তাহলে 1-800-367-8683 নাম্বারে ফোন করুন



Important!

If you are not registered to vote where you live now, would you like to apply to register here today?

YES If you check yes, please complete **VOTER REGISTRATION APPLICATION** at bottom of page)

NO because I choose not to register OR

I am already registered at my current address OR

I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

_____/_____/_____
(Signature) (Date)

(Please Print Name)

VOTER REGISTRATION APPLICATION

(Instructions on back) NYRS-56 (01/2011)

Yes, I need an application for an Absentee Ballot Please print or type in blue or black ink Yes, I would like to be an Election Day worker

<p>1 Are you a U.S. citizen?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered NO, do not complete this form.</p>	<p>2 Will you be 18 years old on or before election day?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered NO, do not complete this form unless you will be 18 by the end of the year.</p>
For Board use only!	
<p>3 Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____</p>	
<p>4 Address where you live (do not give P.O. address): _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____</p>	
<p>5 Address where you get your mail (if different from above): _____ P.O. Box, star route, etc. _____ Post Office _____ Zip Code _____</p>	
<p>6 Date of Birth: _____</p>	<p>7 Sex (Circle): <input type="checkbox"/> M <input type="checkbox"/> F</p>
<p>8 Home Tel. Number (optional): _____</p>	<p>9 ID Number - Check the applicable box and provide your number: <input type="checkbox"/> New York DMV number _____ If you do not have a New York DMV number, please provide: <input type="checkbox"/> Last four digits of your Social Security Number _____ <input type="checkbox"/> I do not have a New York Driver's license number</p>
<p>10 The last year you voted _____</p>	<p>Your Address was (give house number, street and city) _____</p>
<p>10 In county/state _____</p>	<p>Under the Name (if different from your name now) _____</p>
<p>11 Choose a party - Check one box only</p> <p><input type="checkbox"/> Democratic Party</p> <p><input type="checkbox"/> Republican Party</p> <p><input type="checkbox"/> Conservative Party</p> <p><input type="checkbox"/> Working Families Party</p> <p><input type="checkbox"/> Independence Party</p> <p><input type="checkbox"/> Green Party</p> <p><input type="checkbox"/> Other (write in) _____</p> <p><input type="checkbox"/> I do not wish to enroll in a party</p>	<p>12 AFFIDAVIT: I swear or affirm that</p> <ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. <p>_____/_____/_____ (Signature or Mark in Ink) (Date)</p>

(Optional) Register to donate your organs and tissues

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Address _____
 Apt Number _____ Zip Code _____
 City _____
 Birth Date _____ Sex M F
 Eye Color _____ Height _____ Ft. _____ In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH to allow access to this information to federally regulated organ procurement organizations and NYD-licensed tissue and eye banks and hospitals upon your death.

DONATE LIFE
The Gift of Life

Sign _____ Date _____

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

You decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

New York State Board of Elections, 40 Clinton Street,
 Albany, New York 12207-2109
 Telephone: 1-800-469-6872
 TDD/TTY users contact the New York State Relay at 711;
 or visit our web site - www.elections.state.ny.us

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark(?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. To vote in a primary election, you must be enrolled in one of these listed parties - Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

Key Message Inserted in the Notices

Register to Vote

If you are not registered to vote where you live now and would like to register, you can do so:

- Online at the New York State DMV voter registration page <http://dmv.ny.gov/more-info/electronic-voter-registration-application>.
- By completing the New York State Agency voter registration form included with this notice and mailing it back to us.

Important Information to Know

- Applying to register or declining to register to vote will **not** affect your eligibility or the assistance you will be provided by NY State of Health.
- If you would like help in filling out the voter registration application form or to request a paper voter registration application form, we will help you. For help, contact customer service at 1-855-355-5777 (TTY: 1-800-662-1220). The decision whether to seek or accept help is yours. You may fill out the application form in private.
- If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

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or visit the website - www.elections.ny.gov

I think voter registration is very important, what can I do to help my consumers?

- A. I can tell them that voter registration will be sent to them in their preferred communication method.
- B. I can tell them that if they don't have access to a printer they should request paper mail as their preferred communication method.
- C. I can tell them help is available in filling out the voter registration application.
- D. All of the above.

Assistance with Completing Voter Registration

Customer Service assists consumers in completing the voter registration application.

- As an assistor, you do not have to help consumers in completing the voter registration application because the voter registration form will be mailed out to the consumer or sent electronically.
- The consumer can contact customer service if they need assistance. If consumers come to your offices for assistance provide them with telephone access to customer service.

1-855-355-5777

What happens after the consumer completes the voter registration form?

- Customer Service collects completed voter registration forms and transmit them to the Board of Elections in a timely manner.
- If consumers return completed voter registrations to your offices, send them to Customer Service.

True or False?

Registering to vote or declining to register is a condition of applying for health coverage.

FALSE

Registering to vote or declining to register is **not** a condition of applying for health coverage and does **not** affect a consumer's eligibility for health coverage.

True or False?

The voter registration question is optional on the online application.

FALSE

The voter registration question is mandatory on the online application.

True or False?

The Marketplace will not determine who is eligible to vote.

TRUE

The Marketplace will not be determining who is eligible to vote; the Board of Elections will determine this. Therefore, every applicant must be asked the voter registration question.

Think voter registration is great? Are you or your organization interested in doing more voter registration?

- Email Project Vote for more ideas and additional tips on what you and your organization can do:

NonProfitPartners@projectvote.org

Questions?



Reminder: Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- Please use the following link to report that you have viewed this webinar:
https://www.surveymonkey.com/r/Assistor_Reporting_Voter_Registration
- If you are unable to access Survey Monkey, please have your supervisor contact Assistor.Admin@health.ny.gov and NYSDOH will send your supervisor the manual process for recertification reporting.

Previous NY State of Health Assistor Recertification Reporting Surveys



https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1

https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_2

https://www.surveymonkey.com/r/Assistor_Reporting_Household_Composition

https://www.surveymonkey.com/r/Assistor_Reporting_Immigration

https://www.surveymonkey.com/r/Assistor_Reporting_Understanding_the_Uninsured

https://www.surveymonkey.com/r/Assistor_Reporting_How_to_Select_a_Health_Plan

https://www.surveymonkey.com/r/Assistor_Reporting_Self-Employment

https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_1

https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_2_and_Renewals

https://www.surveymonkey.com/r/Assistor_Reporting_Voter_Registration



Thank you for joining us!

- Watch for surveys
 - Recertification Evaluation of Webinar: Voter Registration
 - NY State of Health Assistor Recertification Reporting – Voter Registration
- Watch for the video to be posted to <http://info.nystateofhealth.ny.gov/SpringTraining>

Last Recertification Training:

Title: QHP 2016 Line-up and Dental

Date: October 28, 2015